



## **Instructions for completing the Bacteriological Analysis Input Form DHEC 1974 (05/2000)**

### **DHEC 1974 Page 1**

**System Number** – This is the 7 digit number assigned to the system by SCDHEC

**Name of Water System** – The name of the public water system as referenced by SCDHEC

**Analytical Method** – The number from the Standard Methods that correlates with the type of analyses performed by the contract laboratory

**Contaminant ID** – 3100 (for coliforms)

**Sample Type** – “D” or “Distribution”

**Compliance Period Begin** – The first day of the monitoring period (month or quarter) for which data is being submitted

**Compliance Period End** – The last day of the monitoring period (month or quarter)

**Number of Samples Required** – The minimum number of bacteriological samples required for analysis according to population (per the State Primary Drinking Water Regulations) of the public water system

**Number of Samples Taken** – The number of ROUTINE samples collected that monitoring period. Do not include the number of repeat samples if they had to be collected during that monitoring period

**Number of Samples Total Coliform-Positive** – The number of routine samples that were total coliform positive

**Number of Samples Fecal Coliform-Positive** – The number of routine samples that were fecal coliform positive

**Number of Repeat Samples Required** – If a system collects one sample per monitoring period they are required 4 repeats for each positive routine sample. If a system collects more than one sample per monitoring period they are required 3 repeats for each positive routine sample.

**Number of Repeat Samples Taken** – The total number of repeat samples that were collected

**Number of Repeat Samples Total Coliform-Positive** - The total number of repeat samples that were total coliform positive

**Number of Repeat Samples Fecal Coliform-Positive** - The total number of repeat samples that were fecal coliform positive

**Number of Days Turbidity Exceeded 1 NTU** – N/A if not applicable

**Number of Samples Collected Due to Elevated Turbidity** – N/A if not applicable

**Laboratory ID** – The 5 digit number for the SCDHEC certified contract lab that performed analyses

**Laboratory Name** – Name of the certified lab that performed analyses

**Comments** – Please note any additional comments in this section

**Signature/Date** – Please be sure all reports are signed and dated prior to submitting

## **DHEC 1974 (05/2000) Page 2**

System Name/System Number/Compliance Period – to be completed at the top of page 2

For each sample that has been collected and analyzed for compliance purposes, the following information must be completed:

**Date/Time Taken, Sample Location, Total Coliform Presence or Absence (P/A), Fecal Coliform Presence or Absence (P/A)**

If repeats have been collected due to positive results, the **Repeat** column must be marked



South Carolina Department of Health and  
Environmental Control  
Bureau of Water  
**Bacteriological Analysis Input Form**



System Number \_\_\_\_\_

Name of Water System \_\_\_\_\_

Analytical Method (numerical) \_\_\_\_\_

Contaminant ID \_\_\_\_\_

Sample Type \_\_\_\_\_

Compliance Period Begin (MM/DD/YYYY) \_\_\_\_\_

Compliance Period End (MM/DD/YYYY) \_\_\_\_\_

Number of Samples Required \_\_\_\_\_

Number of Samples Taken \_\_\_\_\_

Number of Samples Total Coliform Positive \_\_\_\_\_

Number of Samples Fecal Coliform Positive \_\_\_\_\_

Number of Repeat Samples Required \_\_\_\_\_

Number of Repeat Samples Taken \_\_\_\_\_

Number of Repeat Samples Total Coliform Positive \_\_\_\_\_

Number of Repeat Samples Fecal Coliform Positive \_\_\_\_\_

Number of Days Turbidity Exceeded 1 NTU \_\_\_\_\_

Number of Samples Collected Due to Elevated Turbidity \_\_\_\_\_

SCDHEC Certified Laboratory ID \_\_\_\_\_

Laboratory Name \_\_\_\_\_

Comments:

Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

This signature certifies that all samples were collected, analyzed and reported according to the  
*State Primary Drinking Water Regulations.*

System Name: \_\_\_\_\_ System No. \_\_\_\_\_ Compliance Period \_\_\_\_\_ to \_\_\_\_\_

[illegible]